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ongoing medical center-wide AVS Task Force to further investigate solutions.

**Lessons Learned:** Initiating change to the electronic health record of a large medical center can be a slow process. Engaging patients, families, and providers is a crucial component to motivate hospital leadership. Through the AVS Task Force, future improvements to the AVS for both inpatients and outpatients are likely, which has the ability to greatly impact the quality of care provided to patients and reduce harm that occurs during hospital transitions.

### **Improving Transitions of Care for Admitted Pediatric Patients Through the Pediatric Hospital Care Improvement Project (P-HIP)**

**Program Project/Purpose:** The Pediatric Hospital Care Improvement Project (P-HIP) Transitions of Care Initiative is a collaborative of eight pediatric hospitals seeking to improve the transitions of care of hospitalized children. The practicum experience aimed to improve the performance of Monroe Carell Jr. Children's Hospital at Vanderbilt (VCH) on 1 of the 9 core metrics of the P-HIP Initiative through the specific aim: To improve the percentage of admitted patients with a discharge diagnosis listed on the After Visit Summary (AVS) from 30% to 60% by December 1, 2018.

**Structure, Design of Program/Project:** All children admitted to VCH from December 2017 to October 2018 were eligible for inclusion, with progress tracked through random-sampling of 20 patient records each month. Efforts were made to increase inclusion of a discharge diagnosis on the AVS through quality improvement methodology, including clinical observations, engagement of key stakeholders, Plan Do Study Act (PDSA) cycles, and educational initiatives.

**Outcomes, Evaluation, and Final Practicum Product(s):** The percentage of reviewed charts with a discharge diagnosis on the AVS remained within common cause variation throughout the study period. Educational presentations were produced and disseminated to those involved with the discharge process. The project brought to light inadequacies of the AVS in both the inpatient and outpatient settings, as well as the adult hospital, resulting in the creation of an